# The importance of enzymatic biotransformation in immunotoxicology

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Abstract. Many immunotoxic compounds, such as benzene and other organic solvents, pesticides, inycotoxins and polycyclic aromatic hydrocarbons, can alter immune function only after undergoing enzyme-mediated reactions within various tissues. In the review that follows the role of enzymatic transformation in immunotoxicity is examined. We begin with a brief overview of the immune system and a summary of the evidence which suggests that xenobiotics can alter the function of the cells and signaling molecules required for normal immune responses. We then examine the principal Phase I and Phase II enzymes involved in the bioactivation process, particularly the cytochrome P450s, the reactions by which these enzymes detoxify or bioactivate foreign compounds, and the factors which influence their expression and regulation. Finally, we present a number of immunotoxicants and discuss the role that metabolic activation plays in their toxicity.

# 1. The immune system and immunosuppression

The immune system is a complex set of soluble protein, cellular, and chemical components designed to protect the body against foreign substances, including infectious agents and tumor cells, while not responding to self-antigens. The distinction between self and nonself is made by a complex system that depends upon specific recognition molecules present on the surface of T and B lymphocytes. Nonspecific effector mechanisms that complement or amplify the specific T and B lymphocyte responses are also important in the immune response. These nonspecific entities serve as a first line of defense against potential pathogens and include other leukocytes such as macrophages, natural killer (NK) cells, polymorphonuclear (PMN) leukocytes, as well as soluble mediators such as complement and cytokines. Many of these cell populations (e.g., B lymphocytes, T lymphocytes, NK cells) can be further divided into subpopulations based on varying functional properties or states of differentiation, maturation and activation. Most notable among these are the T cell subpopulations which include cells which amplify other immune respons-

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es (T-helper cells), down-regulate other immune responses (T-suppressor cells) and destroy viral or tumor-infected cells (cytotoxic T cells).

Immune cells are located throughout the body, either in discretely encapsulated organs, such as the spleen and thymus, or as diffuse accumulations of lymphoid and myeloid cells, such as are found in association with the skin and gut, where they are strategically placed to monitor the entry of foreign substances. Optimal function of the immune system requires that these specific cells and cell products interact with each other in a sequential, regulated manner. In addition to the complex cell-cell and cytokine interactions which are necessary in the normal functioning of the immune system, secondary factors can influence immune status, including nutritional state, neurohormones and stress.

A large body of evidence has accumulated in the past 15 years demonstrating that certain chemicals can produce immunosuppression and alter host resistance in experimental animals following acute or subchronic exposure [17,81,113]. Several studies describing similar effects in humans following either occupational or accidental exposure have been reported [70]. For the most part, these clinical studies have been criticized for their incomplete or inconsistent diagnosis of immunodeficiency as well as for a lack of clinical changes. Within the scientific community, a consensus exists that further clinical studies, using well-defined cohorts, will be required to determine whether low-level, chronic exposure to chemicals affects human health via alterations in the immune system.

Results from animal studies have shown that exposure to certain xenobiotics can produce immune dysfunction often characterized by decreased responsiveness to antigen stimulation and resistance to challenge with infectious agents or tumor cells. These studies have suggested that the immune system is a sensitive target for the toxicity of certain chemicals by showing alterations at chemical doses below those that affect other organs or systems. These chemicals may include products or byproducts from pharmaceuticals, farming, manufacturing, consumer products, food additives, or natural products such as mycotoxins.

In addition to those chemicals that cause direct damage to immune cells and tissues, there are many compounds that can impair immune function only after undergoing enzyme-mediated reactions within various tissues (Table 1). The metabolic transformations that have evolved to break down exogenous chemicals generally make these compounds less toxic (deactivation reactions) and more water-soluble, thus facilitating their elimination from the body. However, some of these compounds are transformed to active or more toxic metabolites and such reactions are referred to as activation or bioactivation reactions. Bioactivation reactions resulting in toxicity are frequently due to the formation of reactive intermediates, including epoxides, free radicals, or N-hydroxyl derivatives [36,91].

Table 1 Examples of immunotoxic compounds requiring metabolic activation

Class	Compounds
Miscellaneous	Cyclophospamide
	Dimethylnitrosamine
Mycotoxins	Aflatoxin
	Ochratoxin A
	Wortmannin
Organic Solvents	Benzene
	Carbon Tetrachloride
	Ethanol
	n-hexane
PAHs	Benzo(a)pyrene
	Dimethylbenzanthracene
	3-Methylcholanthrene
Pesticides	Chlordane
	Malathion
	Parathion
Adapted from [17,113]	

# 2. The role of enzymatic transformation in immunotoxicity

Xenobiotic metabolism occurs via enzymatic reactions which can be broadly classified into two categories: Phase I and Phase II reactions. These reactions generally work in concert to detoxify and remove xenobiotics from the body. Phase I reactions are often oxidations, although they may also involve reductions, hydrations, ester hydrolysis, alcohol and aldehyde dehydrogenation, and superoxide dismutase reactions. The class of reactions termed Phase II generally act through conjugation of the xenobiotic molecule with a polar compound, to further increase water-solubility and accelerate excretion. Phase II reactions include methylations, acetylations, and conjugation reactions with glucuronides, sulfates, glutathione, glucose, thiols, and thiosulfates. The substrates for Phase II reactions can be the unchanged xenobiotic or the metabolic product of a Phase I reaction [91]. Table 2 lists the principal Phase I and Phase II enzymes responsible for xenobiotic metabolism.

# 3. Phase I metabolism and the cytochrome P450 enzymes

Although deactivation reactions predominate, the principal Phase I enzymes involved in metabolic activation are the cytochrome P450s. These enzymes are widespread in nature, found in microorganisms, plants and animals. The P450 isozymes

Table 2 Phase I and Phase II metabolic enzymes

Class	Reaction	Enzyme
Phase I Enzymes	Hydrolysis	Carboxylesterase
		Peptidase
		Epoxide hydrolase
	Reduction	Azo-, nitro-reductase
		Carbonyl reductase
		Disulfide reductase
		Sulfoxide reductase
		Quninone reductase
		Cytochrome P450
	20	(reductive dehalogenation)
	Oxidation	Alcohol dehydrogenase
		Aldehyde dehydrogenase
		Xanthine oxidase
		Monoamine oxidase
		Diamine oxidase
		Prostaglandin H synthase
		Flavin monooxygenase
		Cytochrome P450
Phase II Enzymes	Conjugation	UDP-glucuronosyltransferase
		Sulfotransferase
		Glutathione S-transferase
		Acyl CoA synthetase/
		N-acyltransferase
	Addition of Functional Groups	N-acetyltransferase
		Methyltransferase
Adapted from [91].		

in the portals of entry to the body (skin, respiratory system, digestive system) are thought to act as a first line of defense by detoxifying xenobiotics before toxic insult can occur. The P450s are classified as monoxygenases because one atom of molecular oxygen is added to the substrate molecule and one atom of oxygen forms water. The P450 protein contains a single heme moiety that binds to molecular oxygen and a hydrophobic substrate-binding site [56]. The general reaction catalyzed by the P450s is characterized by the addition of a hydroxyl group to a substrate molecule:

# $RH + O_2 + NADPH + H^+ \rightarrow ROH + H_2O + NADP^+$

The P450 system requires NADPH-cytochrome P450 reductase and lipid cofactors. Table 3 lists some of the major types of activation reactions catalyzed by P450s. To date over 480 P450 genes have been characterized and classified into 74 gene families, fourteen of which are found in mammalian species [87]. More than twenty

Table 3
Major bioactivation reactions catalyzed by cytochrome P-450 isozymes

Type of reaction	Substrate
Aliphatic hydroxylation	n-Hexane
Aromatic hydroxylation	Cyclophosphamide, benzene
Epoxidation	Benzo(a)pyrene, AFB1
Dealkylation	Phenacetin
Reductive dehalogenation	Carbon tetrachloride
Benzodioxole ring cleavage	Piperonyl butoxide
N-hydroxylation	2-Acetylaminfluorene
Adapted from [17,113]	

distinct human isozymes are known [30]. Classification is based on amino acid sequence homology, with members of the same family exhibiting at least 40% homology, and members of the same subfamily exhibiting at least 55% homology. Individual genes and their enzyme products, for all species except the mouse and the fruit fly, are named by the root CYP, followed by an arabic number (family), a capital letter (subfamily), and a number (for the distinct gene). The corresponding mouse and fruit fly genes are named by the root, Cyp (e.g., Cyp2a4)[87]. As a general rule, all genes in a family show the same number of exons and have similar intron-exon boundaries. Although predominantly hepatic in mammals, the enzymes have been found in all tissues examined, intracellularly localized primarily to the endoplasmic reticulum and the mitochondria [97]. For certain subfamilies no exact orthologs are known across species. As a consequence, considerable species differences may exist in isozyme expression and substrate specificity within a given subfamily [33]. For example, in rats, enzymes in the CYP2C subfamily contribute to steroid hydroxylation, and are expressed in a sex-specific manner. In the rabbit, none of the 2C isozymes are expressed in a sex-specific manner, and the substrate targets are different. In humans, there are four members of the 2C subfamily which do not appear to have exact orthologs in other species. There is also no evidence of sex-specific expression of the 2C isozymes in humans, and these enzymes have little steroid hydroxylase activity [33].

Several P450 isoforms are highly specific for endogenous substrates such as steroids, bile pigments, prostaglandins, leukotrienes, biogenic amines, and fatty acids. The steroidogenic and cholesterol-metabolizing P450s in families 7,17,19, 21 and 27 are highly conserved, exhibit relatively strict substrate and product specificity, and are thought to have arisen earliest in the evolution of the enzyme system [33]. These constitutive P450 isozymes are thought to be important in maintaining homeostasis with regard to growth, differentiation, and neuroendocrine function.

Three gene families (CYP1, CYP2 and CYP3) appear to be primarily responsible for the oxidation of foreign compounds including drugs, pesticides and environmental contaminants [38]. These families may have evolved from steroidogenic

P450s, responsible for the oxidation of endogenous compounds, to detoxify xenobiotics such as plant toxins taken in through the diet. Of the xenobiotic metabolizing P450s, CYP1A1 is the most highly conserved. An ortholog of 1A with similar catalytic properties and consistent substrate preferences is found in diverse species such as rodents, chickens and fish [83].

 $\label{thm:continuous} Table\ 4$  Inducers of some cytochrome p-450 isozymes that catalyze bioactivation reactions

Example	P-450 induced
3MC, PCBs	IAI, IA2, 2AI
Phenobarbital	2B1, 2B2, 2A
2,3,7,8-TCDD	1A1, 1A2
Ethanol	2E1
Isosafrole	1A2
Clofibrate	4A1
Clotrimazole	3A
	3MC, PCBs Phenobarbital 2,3,7,8-TCDD Ethanol Isosafrole Clofibrate

The regulation of P450s have been studied extensively. Factors affecting P450 expression include gender, age, nutritional status, disease, genetic predeterminants, environmental pollutants, and stress [32,50,62,90]. A number of P450 isozymes have been shown to be polymorphic in humans, and null polymorphisms which result in absence of proteins (e.g. gene deletions, splicing defects) as well as more subtle alterations, such as allelic variants with slightly altered catalytic activity, have been shown in several species [75,87,88,90]. It is notable that both very young and very old organisms are deficient in many of the constitutive P450 enzymes, although certain P450 isozymes can be induced in these groups by exposure to xenobiotics. Thus, compounds can be more or less toxic as a result of age or nutritional status. Tissue concentrations of various P450s can also be influenced by a large number of lipophilic xenobiotics. Table 4 lists some known inducers of P450s and the isozymes that these compounds induce. 3-Methylcholanthrene (3MC) and phenobarbital (PB) have been widely studied as inducers of the CYP1A and the CYP2B families, respectively. Many polycyclic aromatic hydrocarbons (PAHs) have been found to induce the 1A and 1B families, with the strongest inducers found among the most planar PAHs. PAHs are metabolized by CYP1A1 and CYP1B1, a constitutive from that is regulated by steroid and peptide hormones [63]. Both 1A1 and 1B1 are under Ah receptor control [1]. Since the 1A and 1B families are involved in bioactivation reactions, inducers of these P450 families are of special concern with regard to immunotoxicity [46,63]. Another widely investigated inducer is ethanol, which induces the metabolism of low molecular weight organic solvents. Other inducers include halogenated pesticides, polychlorinated biphenyls and chlorinated dioxins [91]. Steroids such as pregnenolone-16a-carbonitrile appear to induce the

3A family preferentially. Hypolipidemic agents, such as clofibrate, induce CYP3A4. Induction is often tissue specific, and compounds that induce P450s are often, but not always, the substrates of these same P450s. Induction is generally rapid and transient, but the degree, onset, and duration of induction vary with the inducing compound and dose. Additionally, induction of one P450 isozyme may be accompanied by decreased expression of others, further perturbing the metabolic response of the organism. The expression of P450 isoforms is tissue-specific as well as substrate-specific and is regulated by a variety of mechanisms including mRNA stabilization, transcriptional rate and enzyme stabilization [97].

#### 4. Immunotoxic compounds requiring metabolic activation

Many immunotoxic compounds, including organic solvents such as benzene, cytoreductive drugs, pesticides, mycotoxins and PAHs, require metabolic activation by Phase I enzymes in order for their toxicity to be manifested. A number of studies indicate that extrahepatic metabolism may also be involved in targeting of chemical-induced toxic effects [7,39,84]. A detailed examination of the bioactivation and immunotoxicity of several of these classes of compounds follows.

#### 4.1. Polycyclic Aromatic Hydrocarbons

Perhaps the most extensively studied class of compounds which require metabolic activation for the induction of immunotoxicity are PAHs. PAHs make up a family of ubiquitous environmental contaminants which are metabolized to reactive electrophilic intermediates by cytochrome P450 [25]. These reactive metabolites, primarily diol-epoxides, alter normal cellular function by binding covalently to RNA, DNA and proteins. As discussed above, the CYP1A1 and CYP1B1 families are the principal enzymes involved in PAH activation. Studies in laboratory animals suggest that there is a significant correlation between suppression of antibody forming cell responses and the carcinogenic activity of PAHs [121]. Several mechanisms have been proposed to explain PAH-induced immunosuppression, including membrane perturbation resulting in altered signal transduction, calcium mobilization, gene expression and/or cytokine production [16,71,89].

In rodents, *in vivo* exposure to B(a)P inhibits both humoral- and cell-mediated immunity, as well as some aspects of innate immunity including macrophage phagocytosis and interferon production [rev. in 14,57]. *In vivo* exposure has been shown to target both primary and secondary immune tissues, and to significantly alter lymphoid cell numbers and cell surface antigen expression in the spleen, thymus and bone marrow [44]. B(a)P is metabolized primarily in the liver, and reactive metabolites are transported by serum proteins to the spleen and other tissues [28]. While DNA adduct formation is similar in spleen, lung, liver, kidney after *in vivo* exposure, cultures of murine splenocytes have little ability to generate B(a)P/DNA

adducts, suggesting that hepatic bioactivation is an important mediator of B(a)P-induced immunotoxicity [29]. However, more recent studies by Ladics et al. [58,59] have shown that splenic macrophages can activate B(a)P to the highly reactive 7,8-dihydroxy-9,10-epoxy-7,8,9,10-tetrahydro-B(a)P. Cell separation and reconstitution experiments indicate that macrophages are also the cell type responsible for B(a)P-induced suppression of antibody forming cell responses against T-dependent and T-independent antigens in rodents [6,60]. While splenic and alveolar macrophages showed inducible ethoxyresorufin O-deethylase (EROD) activity, an enzymatic measure of CYP1A1 function, after *in vivo* exposure to the halogenated aromatic hydrocarbon 2,3,7,8-tetrachlorodibenzodioxin (TCDD), isolated lymphocytes and thymocytes do not demonstrate significant metabolic activity [26,27]. Thus, the relative contribution of splenic versus hepatic bioactivation has yet to be determined.

In vitro studies using a murine splenocyte-rat hepatocyte coculture system demonstrate that biotransformation of B(a)P by Phase I enzymes is required in the suppression of T-dependent antibody responses against sheep red blood cells [125]. B(a)P inhibits B cell lymphopoiesis of murine bone marrow cultures and suppresses human T lymphocyte proliferation in vitro [15,40,79]. Normal responses were restored when α-naphthoflavone (ANF), a P450-inhibitor, was added in addition to B(a)P in these systems [15,34,40,53]. Direct addition of reactive metabolites, such as the 4,5-epoxide and 7,8 diol, to in vitro cultures results in a similar suppression of immune responses. The inability of ANF to restore B(a)P-4,5-epoxide induced suppression of T cell proliferation is further evidence that the immunotoxic effects of B(a)P are caused by reactive metabolites [15].

Nonetheless, in some instances, it appears that PAHs may induce immuno-suppression independent of P450 metabolism. For example, dimethylbenz[a]anthracene (DMBA), which produces many immunologic alterations similar to those seen with B(a)P, can be directly toxic to cultured lymphocytes in the absence of exogenous activation systems [5,14,117]. Addition of ANF to lymphocyte cultures did not modulate DMBA-induced inhibition of concanavalin A stimulated proliferative responses [117]. In these studies, no significant metabolites of DMBA were detected in supernatants from the lymphocyte cultures. However, Ladics et al. [61] have shown that addition of ANF to DMBA-treated splenocyte cultures reestablishes levels of antibody forming cells to that of control cultures. Heidel et al. [42] have recently shown that DMBA can be metabolized by bone marrow stromal cells and that this metabolism is CYP1B1 mediated. These data suggest that DMBA may target multiple immune cell types via different mechanisms and/or metabolic pathways.

## 4.2. Organic Solvents

Organic solvents are comprised of a few broad chemical classes, including hydrocarbons such as benzene and toluene, halogenated aliphatic hydrocarbons such as carbon tetrachloride and dichloroethane, aliphatic alcohols such as ethanol, and hydroxyethers such as 2-methoxyethanol. Industrial solvents are frequently mixtures of several compounds. While there is some exposure to the general population via contaminated groundwater or vaporization of commercial solvents and gasolines, the most frequent solvent-associated toxicity occurs from occupational exposure. A number of organic solvents have been examined for their effects on the immune system, and the requirement for their bioactivation to produce immunotoxicity has been established.

Benzene and its metabolites have long been associated with hematologic and immunologic disorders including leukemia in humans. Experimental studies suggest that benzene metabolites, including hydroquinone, catechol and phenol are responsible for its hematotoxicity [49]. Benzene is metabolized by hepatic CYP2E1 primarily to phenol and in turn to hydroquinone and/or catechol [31,37,52,107]. The phenolic metabolites preferentially accumulate in the bone marrow and lymphoid tissues of rodents [3,35,100]. In the bone marrow enzymatic conversion of both phenol and hydroquinone to more reactive binding species such as the semiquinone radical may be P450 independent and involve myeloperoxidases and prostaglandin synthetases [24,48]. The semiquinone radical binds covalently to cellular proteins and forms DNA adducts, disrupting normal cellular functions such as cell division and mitochondrial RNA synthesis [78]. Rapidly proliferating cells, such as lymphoid and myeloid progenitor cells in the bone marrow or clonally expanding lymphocyte subpopulations, are highly sensitive targets for such effects [55,103].

The earliest manifestation of benzene toxicity in exposed workers is a decrease in lymphocyte counts, and a variety of blood disorders, including leukopenia, thrombocytopenia, granulocytopenia and aplastic anemia have been associated with benzene exposure [64,66]. Studies in laboratory animals have demonstrated that treatment with benzene or its metabolites induces myelo- and immunosuppression [112,115]. Benzene and its metabolites appear to be particularly cytotoxic to progenitor cells within the bone marrow, targeting the lymphocyte, monocyte, granulocyte and erythrocyte lineages [65,72,116,118,122]. There is also considerable evidence that benzene metabolites alter the stromal cell microenvironment which supports the differentiation and maturation of these progenitor cells [22,41,55]. *In vivo* exposure to benzene and/or its metabolites inhibits T-dependent antibody responses, B and T cell lymphoproliferative responses and cytotoxic T lymphocyte-mediated tumor cell killing, as well as increases susceptibility to challenge with infectious agents [4,101,102,104].

Several lines of evidence support the hypothesis that reactive metabolites rather than the parent compound, are directly responsible for the observed myelo- and immunotoxicity associated with benzene exposure. Structure activity studies suggest that the polyhydroxy metabolites of benzene have the most immunosuppressive activity, and that benzene and phenol are significantly less toxic to both lymphoid and myeloid cells [8,96,98]. Co-administration of thiol-reactive agents blocks hydroquinone-induced suppression of PHA-stimulated lymphoproliferation and agglutination in rat splenocytes, indicating that oxidation to thiol-reactive quinones may be

a critical step in bioactivation [47,96]. Induction of CYP2E1 in rats by treatment with ethanol enhanced both the metabolism and myelotoxicity of benzene [80]. Finally, inhibition of CYP2E1 activity by administration of propylene glycol partially prevented benzene-induced toxicity in murine peripheral blood lymphocytes and bone marrow cells [119].

#### 4.3. Mycotoxins

Mycotoxins are a diverse group of compounds produced as secondary metabolites from varying species of fungi. Agricultural and laboratory animal studies indicate that in addition to being potent immunosuppressive agents, mycotoxins have genotoxic, embryotoxic, nephrotoxic and carcinogenic effects [94]. Two classes of mycotoxin have been extensively studied for their effects on the immune system. The first class are comprised of the sesquiterpenoids, collectively referred to as tricothecenes, which are produced by Fusarium species and the second includes the coumarin derivatives produced by Aspergillus and Penicillium fungi, such as aflatoxin B<sub>1</sub> (AFB<sub>1</sub>) and ochratoxin A. The principal biologically active metabolite of AFB<sub>1</sub> is produced via CYP oxidation of the 8,9 double bond, forming a highly reactive AFB<sub>1</sub>-8,9-epoxide which can bind to nucleic acids and cellular proteins, as well as several less toxic hydroxylated metabolites [74]. CYP3A4 appears to be primarily involved in the detoxification of AFB1, whereas CYP1A2 is the primary agent involved in AFB<sub>1</sub> bioactivation [23]. However, the specific CYP isozymes responsible for the activation of AFB1 are species-specific and appear to be dependent upon substrate concentration, which may account for some of the reported variability in immunotoxicity [2,21,82].

In vitro studies using a mouse splenocyte/rat hepatocyte coculture system demonstrate that activation of AFB1 by Phase I enzymes plays a significant role in suppression of T-dependent antibody responses against sheep red blood cells [125]. The numbers of antibody forming cells was significantly reduced in the presence of AFB1 in the cocultures. However, in the absence of the hepatocyte activation system, antibody responses were at control levels in AFB1-exposed splenocytes. This is not surprising, as rodent lymphocytes have shown minimal metabolic activity [27,59]. Suppression of phagocytic activity and alterations in cell morphology in turkey and chicken macrophages cultured in the presence of AFB1 were similarly dependent on metabolic activation of the parent compound, and the adverse effects were reversed in the presence of the P450 inhibitor, piperonyl butoxide [85,86]. These results suggest that macrophages from avian species may be unable to activate AFB<sub>1</sub> to reactive intermediates. This is supported by the studies of Lorr et al. [68] who demonstrated that only minimal EROD activity could be found in peritoneal macrophages in chickens induced with tetrachlorobiphenyl. In contrast, AFB1 has suppressive effects on rodent and human macrophages in the absence of outside activation systems [12,13]. When added to cultures of rat peritoneal cells, AFB1 alone, as well as its metabolites AFB2, AFG1, AFG2, and AFM1

depressed phagocytic capacity, cytotoxicity and secretion of reactive oxygen species. This suggests that, at least in some species, extrahepatic metabolism may play a role in AFB1-induced toxicity to macrophages. A number of studies have demonstrated that rodent and human macrophages possess metabolic activity [26,60,95].

In vivo, differences in constitutive expression and induction of CYP isozymes may have a significant influence on toxicity by affecting the equilibrium between formation of reactive and detoxified primary metabolites of AFB<sub>1</sub> [82]. This may be of critical importance with regard to toxicity in domestic animals, where immunosuppressive effects from ingesting mycotoxin-contaminated feed have been observed at levels where no overt toxicity is seen [99]. In vivo studies in rodents, poultry and livestock suggest that cell-mediated immune parameters are particularly sensitive to insult by AFB<sub>1</sub> and that the innate immune system may also be a susceptible target [93,111]. Respiratory exposure to AFB<sub>1</sub> induces similar systemic and localized immunosuppressive effects in both rats and mice [51].

## 4.4. Anti-neoplastic agents

The association between the clinical use of cancer chemotherapeutics and immunosuppressive drugs, such as those used in organ transplant recipients, and increased incidence of infectious and neoplastic disease has been well established [19,92]. Although not metabolized by P450s, anti-neoplastic agents such as azathioprine, methotrexate and 5-fluorouracil frequently exhibit immunosuppressive activity, due to their direct toxicity to the bone marrow and induction of DNA damage in rapidly proliferating cells [19,124]. Cyclophosphamide is a prototype cancer chemotherapeutic, and its immunomodulatory effects have been studied extensively in humans and in experimental animals [18]. Metabolic activation of cyclophosphamide by cytochrome P450 leads to the formation of the intermediates 4-OH-cyclophosphamide and aldophosphamide. Aldophosphamide undergoes a spontaneous  $\beta$ elimination reaction resulting in the formation of two cytotoxic metabolites, phosphoramide mustard and acrolein [9,10]. Aldehyde dehydrogenases detoxify cyclophosphamide through the conversion of aldophosphamide to carboxyphosphamide [43] and have been shown to reduce the myelotoxicity of cyclophosphamide in rodent bone marrow cells and to mediate drug tolerance in resistant tumor cell lines [105,106]. Many toxic effects of cyclophosphamide are thought to be the result of the alkylating activity of the phosphoramide mustard, leading to inhibition of DNA replication, although acrolein can also produce cytotoxicity through covalent binding to sulfhydryl groups of cellular proteins [73,109].

In humans, cyclophosphamide appears to preferentially target B lymphocytes at therapeutic doses, though higher doses proved equally cytotoxic to B and T cells [11,45]. Similar findings have been demonstrated in rodent and avian species [20,67,108,114,123]. Studies in the chicken suggest that bioactivation in extrahepatic tissues is not a factor in the selective toxicity to B lymphocytes in these animals, as there were no tissue-specific differences in cyclophosphamide metabolism in T

versus B lymphocytes [76]. Therefore metabolism may be primarily hepatic. A number of studies have demonstrated that specific T-suppressor cell populations may be preferentially sensitive to the effects of cyclophosphamide and its metabolites [77,110,120]. This may explain why in some instances, especially at low doses, treatment with cyclophosphamide can potentiate immune responses, such as resistance to tumor challenge [69].

Mechanistic studies to identify particular metabolites of cyclophosphamide which are responsible for the immunosuppressive and cell-specific effects have met with mixed results. To determine whether the oxazaphosphorine moiety is necessary to suppress immune cells, Smith and Sladek [114] examined the differential effects of 4-hydroxycyclophosphamide/aldophosphamide and phosphoramide mustard on mitogen-induced proliferative responses in murine B- and T-lymphocytes. These studies indicated that 4-hydroxycyclophosphamide was the principal mediator of the selective immunotoxicity. In contrast, Wilmer et al. [123] found that isophosphamide, 4-methylcyclophosphamide and the phosphoramide mustard were preferentially toxic to avian B-lymphocytes. Direct addition of acrolein indicates that it is a more potent inhibitor of suppressor T cell activity and in vitro antibody responses than is phosphoramide mustard [54]. These authors suggest that this inhibition may be mediated via the binding of acrolein to sulfhydryl-containing molecules unique to suppressor T cells. As cyclophosphamide targets distinct immune cell populations, the difficulty in determining the critical metabolites responsible for its toxic effects is not surprising and interspecies variation in metabolism may account for some of the discrepancies.

#### 5. Summary

The elucidation of the metabolic pathways for enzymatic biotransformation of xenobiotics and immunotoxicity studies are areas which do not frequently overlap. However, it can be seen from the above examples that knowledge of metabolism and identification of the ultimate toxic species is critical in understanding the mechanisms of immunotoxicity and the target cell populations for a wide variety of xenobiotics. Furthermore, an awareness of how these two processes interrelate are essential to conduct risk assessment in immunotoxicology taking into account likely metabolites and polymorphisms in humans of Phase I and II enzyme systems. Such concerns also exist in the design of therapeutics used to treat HIV infections, transplant rejection and other diseases that affect the immune system.

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